

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0051089

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 4057

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clayton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis County Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4464 Enright Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Maydella Cooper

4. DATE OF DEATH Month Day Year
12/31/63

5. SEX
Female

6. COLOR OR RACE
Col.

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
7/18/1901

9. AGE (last birthday)
62

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Domestic Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY
usa.

13a. FATHER'S NAME

Ben Helm

13b. MOTHER'S MAIDEN NAME

Birdie Payne

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO. 4

17. INFORMANT Address
Edith C. Wand 4464 Enright Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple fractures to pelvis and clinical shock, irreversible

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Struck by car

20c. TIME OF INJURY Hour Month, Day, Year
5:15 p.m. 12/31/63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
public road

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Bel-Nor St. Louis Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 9:30 PM _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Edith C. Wand

22b. ADDRESS
Coroner Clayton, Missouri

22c. DATE SIGNED
1/9/64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE
1/7/64

23c. NAME OF CEMETERY OR CREMATORY
Greenwood Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wright's Funeral Home 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG.

1-3-64

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 4002

2 219

3

4 3

5 3

6

7 0

8 1

9 X

10

11 400

12 45-3

13

45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Arthur L. Philbird

Licensed Embalmer No. _____

4221

P. O. Address _____

3100 E. Canton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.